

**CITY OF DUBLIN – POLICE SERVICES  
PERMIT APPLICATION**

☐ **Massage Therapist**      ☐ **Massage Establishment**

<b>APPLICANT'S PERSONAL INFORMATION</b>	
NAME:	
ALIASES USED:	
RESIDENTIAL ADDRESS:	
TELEPHONE PHONE NUMBER:	SOCIAL SECURITY NUMBER:
DRIVER'S LICENSE NUMBER:	

<b>LIST TWO PREVIOUS ADDRESSES AND DATES OF RESIDENCY</b>	
ADDRESS:	
	DATES:
ADDRESS:	
	DATES:

<b>APPLICANT'S PHYSICAL CHARACTERISTICS</b>			
AGE:	DOB:	SEX:	RACE:
HAIR:	EYES:	HEIGHT:	WEIGHT:
VISIBLE SCARS, MARKS, OR TATTOOS:			

<b>EDUCATION</b>
MESSAGE THERAPY SCHOOL:
SCHOOL ADDRESS:
SCHOOL TELEPHONE:
TYPE OF MESSAGE STUDIED:
DATES OF ATTENDANCE, GRADUATION & COMPLETION OF HOURS:

(Please attach a copy of the diploma or certificate of graduation to this application for Massage Therapist Permits.)

<b>LIST EMPLOYMENT FOR PAST THREE YEARS</b>
PRESENT OCCUPATION:
CURRENT EMPLOYER:
ADDRESS:
TELEPHONE NUMBER:
LAST EMPLOYER:
ADDRESS:
TELEPHONE NUMBER:

MESSAGE ESTABLISHMENT INFORMATION
MESSAGE ESTABLISHMENT NAME:
ADDRESS:
TELEPHONE NUMBER:
FAX NUMBER:

ADDITIONAL INFORMATION
Have you ever had a massage or similar business license revoked or suspended in this or any other City, County, or State?
<input type="checkbox"/> YES (If yes, please list location(s) below.) <input type="checkbox"/> NO
Have you ever been convicted of a crime?
<input type="checkbox"/> YES (If yes, please list each including date, location, charge, and court disposition.) <input type="checkbox"/> NO

TO BE COMPLETED FOR MASSAGE ESTABLISHMENT PERMIT ONLY
Is applicant a Corporation, Partnership, or any other form of unincorporated association:
<input type="checkbox"/> YES (If yes, please list all other associates below.) <input type="checkbox"/> NO
NAME:
RESIDENTIAL ADDRESS:
TELEPHONE NUMBER:
NAME:
RESIDENTIAL ADDRESS:
TELEPHONE NUMBER:

Completed Livescan fingerprints, two 2" x 2" portrait photographs, and certification of 100 hours of training must accompany this application.

*I declare under penalty of perjury that that information contained in or submitted with this application is true and correct.*

Signature

Date